



DC-02827

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PURSUANT TO 37 C.F.R. § 1.10, I HEREBY CERTIFY THAT I HAVE INFORMATION AND A REASONABLE BASIS FOR BELIEF THAT THIS CORRESPONDENCE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE AS EXPRESS MAIL POST OFFICE TO ADDRESSEE ON THE DATE INDICATED BELOW AND IS ADDRESSED TO:

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RONALD L. CHICHESTER

REG. NO. 36,765

MARCH 18, 2005
DATE OF MAILING

EV448732116US
EXPRESS MAIL LABEL

U.S.S.N.:	09/774,396
FILING DATE:	JANUARY 31, 2001
APPLICANT:	LYON, ET AL.
GROUP ART UNIT:	3623
EXAMINER:	SUSANNA MEINECKE DIAZ
ATTORNEY DOCKET NO.	016295.1099
TITLE:	"PULL TO CUSTOMER ORDER DEMAND FULFILLMENT SYSTEM AND METHOD"

INCLUDED IN THIS MAILING FOR THE ABOVE-REFERENCED PATENT APPLICATION ARE:

1. PETITION FOR ONE-MONTH EXTENSION OF TIME (PTO/SB/22);
2. RESPONSE TO NON-FINAL OFFICE ACTION MAILED NOVEMBER 18, 2004; AND
3. RETURN RECEIPT POSTCARD TO ACKNOWLEDGE RECEIPT OF ABOVE-LISTED ITEMS.

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PTO CUSTOMER ID:

023640



EV 448732116 US

Mailing Label

Label 11-F June 2002



UNITED STATES POSTAL SERVICE®

Post Office To Addressee

ORIGINAL POSTAL USE ONLY

Power Code	Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> Second	Flat Rate Envelope <input type="checkbox"/>
Date In Mo. Day Year	<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Postage \$
Time In <input type="checkbox"/> AM <input type="checkbox"/> PM	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt Fee
Weight lbs. ozs.	Int'l Alpha Country Code	COD Fee Insurance Fee
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials	Total Postage & Fees \$

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FROM: (PLEASE PRINT) **713 229 1234**
Ronald G. Chickster 4516
BAKER BOTTS LLP
ONE SHELL PLAZA
910 LOUISIANA ST.
HOUSTON TX 77002-4914

016295.1099

DELIVERY (POSTAL USE ONLY)

Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Delivery Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Only) Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.		
NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday Customer Signature		

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Receipt is hereby acknowledged of the papers filed as indicated in connection with the above identified case. COMMISSIONER FOR PATENTS
 Due Date: **2.18.2005**
 Express Mail Label No. **EV448732116US**

- Papers filed herewith on: **3.18.2005**
- DOCKET NO.: **016295.1099**
- ATTY/SEC.: **PLG/pdh**
- APPLICANT(S): **Chickster et al.**
- USN: **09/724,394** FILED: **01.31.2001**
- PAT NO.: **414**
- ☐ New Application with Transmittal Letter
- ☐ Utility ☐ Design ☐ CIP ☐ Provisional
- ☐ Filing Under 37 CFR 1.53(b) ☐ CONT ☐ DIV
- ☐ Filing Under 37 CFR 1.114(RCE)
- ☐ Filing Under 37 CFR 1.53(d) (CPA)
- ☐ Specification Consisting of: _____ pages
- ☐ Declaration
- ☐ Power of Attorney
- ☐ Assignment / Cover Letter
- ☐ Letter to Official Draftsman
- ☐ Drawings - Sheets ☐ Formal ☐ Informal ☐ Red-Ink
- ☐ Priority Document(s) _____
- ☐ Amendment: _____
- ☐ Transmittal ☐ Large Entity ☐ Small Entity
- ☒ Response **to AEOA mailed 11.18.2004**
- ☐ Information Disc. Stim. PTO-1449(s) _____ ref(s)
- ☐ Notice of Appeal ☐ Appeal Brief
- ☐ Issue Fee Transmittal
- ☒ FEES: **Ret / 1-Mo. Exp. & Line W/dep. copy**
- Other: _____

02-02827

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